

[illegible]

TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 71264-6

Vehicle Headliner and Laminate Therefor

First Named Inventor: Mr. Michael D. Sandoe

SUBMITTED BY

Name: Mr. Joel E. Bair Esq.
Registration Number: 33356
Electronic Signature Mark: Joel E. Bair
Date Signed: 20010611

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

specification	Spec2.xml
declaration	dec1.tif
declaration	dec2.tif
declaration	dec3.tif
bibd-transmittal	filingapds.xml

fee-transmittal

filingfee.xml

Attached Image File(s):

dec1.tif

dec2.tif

dec3.tif

Table 1. Demographic characteristics of the study population	
Characteristic	Frequency (%)
Age (years)	
< 18	10 (10.0)
18-24	25 (25.0)
25-34	30 (30.0)
35-44	20 (20.0)
45-54	15 (15.0)
55-64	10 (10.0)
65-74	5 (5.0)
≥ 75	5 (5.0)
Gender	
Male	45 (45.0)
Female	55 (55.0)
Ethnicity	
White	30 (30.0)
Black	20 (20.0)
Hispanic	15 (15.0)
Asian	10 (10.0)
Other	25 (25.0)
Marital status	
Married	35 (35.0)
Single	20 (20.0)
Divorced	15 (15.0)
Widowed	10 (10.0)
Never married	5 (5.0)
Education level	
High school or less	20 (20.0)
Some college	15 (15.0)
Bachelor's degree	25 (25.0)
Master's degree	10 (10.0)
Doctorate	5 (5.0)
Income (USD/year)	
< 10,000	10 (10.0)
10,000-20,000	20 (20.0)
20,000-30,000	15 (15.0)
30,000-40,000	10 (10.0)
40,000-50,000	15 (15.0)
50,000-60,000	10 (10.0)
60,000-70,000	5 (5.0)
70,000-80,000	5 (5.0)
80,000-90,000	5 (5.0)
90,000-100,000	5 (5.0)
≥ 100,000	5 (5.0)
Health insurance	
Medicare	10 (10.0)
Medicaid	20 (20.0)
Private	30 (30.0)
Uninsured	15 (15.0)
Other	5 (5.0)
Chronic conditions	
Hypertension	15 (15.0)
Diabetes	10 (10.0)
Heart disease	5 (5.0)
Chronic lung disease	5 (5.0)
Other	5 (5.0)
Current smoking	
Yes	10 (10.0)
No	45 (45.0)
Former smoking	15 (15.0)
Never smoked	10 (10.0)
Alcohol consumption	
None	5 (5.0)
Light	10 (10.0)
Moderate	15 (15.0)
Heavy	10 (10.0)
Other	5 (5.0)
Physical activity	
Sedentary	10 (10.0)
Light	15 (15.0)
Moderate	20 (20.0)
Heavy	10 (10.0)
Other	5 (5.0)
Stress level	
Low	5 (5.0)
Medium	10 (10.0)
High	15 (15.0)
Very high	10 (10.0)
Other	5 (5.0)
Quality of life	
Good	10 (10.0)
Fair	15 (15.0)
Poor	10 (10.0)
Very poor	5 (5.0)
Other	5 (5.0)

Comments:

[illegible]

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PTO/SB/01 (3-97)
Approved for use through 6/30/98. OMB 0651-0032
Patent and Trademark Office: US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.	71264-6
		First Named Inventor	Michael D. Sandoe
COMPLETE IF KNOWN			
<input checked="" type="checkbox"/> Declaration submitted with or initial filing		Application No.	
<input type="checkbox"/> Declaration submitted after initial filing		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VEHICLE HEADLINER AND LAMINATE THEREFOR
(Title of the Invention)

the specification of which

☒ is attached hereto

or

☐ was filed on _____, as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached
				YES NO
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/073,077	01/30/98	<input type="checkbox"/>

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DECLARATION - Utility Or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the earlier provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/239,112		01/28/1999	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 28915

Or
☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label Here

Name	Registration No.	Name	Registration No.
John E. McGarry	22,360	Joel E. Bair	33,356
H. Lawrence Smith	24,900	Richard D. Grauer	22,388
Ralph T. Rader	28,772	Michael D. Fishman	31,951
Joseph V. Coppola, Sr.	33,373	Mark A. Davis	37,118
Michael B. Stewart	36,018	Kristin L. Murphy	41,212
Alexander D. Rabinovich	37,425	G. Thomas Williams	42,228
Kevin D. Rutherford	40,412	William Cosnowski	42,441
Glenn E. Forbis	40,610	Donald J. Wallace	43,977
Ronald P. Kananen	24,104	John P. Guenther	39,698
Matthew J. Russo	41,282		
Anna M. Shih	36,372		
James F. Kamp	41,882		
David K. Benson	42,314		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to ☒ Customer Number or Bar Code Label 28915 or ☐ Correspondence Address below

Name	Mark A. Davis, Reg. No. 37,118, RADER, FISHMAN, GRAUER & MCGARRY AN OFFICE OF RADER, FISHMAN & GRAUER PLLC
Address	171 Monroe Avenue, NW, Suite 600
City, State, Zip	Grand Rapids, Michigan 49503
Country	US
Telephone	616-742-3500
Fax	616-742-1010

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle (if any)) Michael D. Family Name or Surname Sandoe

Inventor's Signature *Michael D. Sandoe* Dated June 8, 2001

Residence: City Grand Rapids State MI Country US Citizenship US

Post Office Address 4653 Bluegrass Drive, S.E.

City Grand Rapids State MI Zip 49546 Country US

☒ Additional inventors are being named on the 1 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign in this box:

+

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Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Michael G.				Zimmer			
Inventor's Signature		<i>Michael G. Zimmer</i>		Dated		6-08-01	
Residence: City	Belmont	State	MI	Country	US	Citizenship	US
Post Office Address							
1514 Scott Creek Drive, N.E.							
City	Belmont	State	MI	Zip	49306	Country	US
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Dated			
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Dated			
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Dated			
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Dated			
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Dated			
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	

2025 RELEASE UNDER E.O. 14176

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 1582

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 180013



Deposit Account Name: Rader, Fishman and Grauer PLLC

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Joel E. Bair

Electronic Signature Mark: Joel E. Bair

Date Signed: 20010611

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 710

Subtotal For Basic Filing Fee: \$ 710

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 64	103	\$ 18	44	\$ 792
Independent Claims: 4	102	\$ 80	1	\$ 80

Subtotal For Extra Claims Fees: \$ 872